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Emotion-Focused Therapy for Clients with Autistic Process

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ABSTRACT

The person-centered approach has paid little attention to persons with autistic process, in spite of their often experiencing high levels of psychological distress. We present the main arguments for a group therapy adaptation of Emotion-Focused Therapy for people on the autistic spectrum (EFT-AS). The principles of this approach are described here. A novel form of Interpersonal Process Recall (IPR) as a process guiding method is presented. The primary change processes include improving access to and symbolizing one's own and others' painful emotional experiences. EFT-AS uses video playback of social-emotional interpersonal reciprocity difficulty task markers to help clients activate, deepen and transform emotions via accessing core pain and associated unmet needs, which in turn point to adaptive emotions such as compassion for self and others. The beginning, middle and ending phases of treatment, showing shifts in client emotion processing, are presented with illustrative session transcripts. EFT-AS appears to be an innovative and promising approach to working with this client population but replication and further research are required.

Key Words: Emotion-Focused Therapy, Autism Spectrum, Autistic Process, Emotional Processing, Interpersonal Process Recall.

Emotion-Focused Therapy for Clients with Autistic Process

Although clients with autistic process are diagnosed within the medical model, treatment often falls within the social-educational model. Autism Spectrum Disorder (ASD) refers to a set of neurodevelopmental difficulties defined in behavioural terms based on social communication and restricted, repetitive and stereotyped behaviour (American Psychiatric Association, 2013). It has been claimed that autistic clients are not in full psychological contact with others (Carrick & MacKenzie, 2011) and therefore do not meet Rogers' (1957) first condition for therapeutic change. This premise that autistic clients are out of psychological contact has pointed to the potential of using Pre-Therapy (Prouty, 1985) as a means of regaining contact.

Person-centered-Experiential (PCE) therapies for those with autism have had limited exposure with this population. However, tentative Pre-Therapy successes have been reported, through student autism practitioner accounts (Carrick & MacKenzie, 2011) and a practitioner phenomenological account (Štěpánková, 2015). Although promising, these studies have limitations, due to reporting interpretive accounts based on the reflections of others and lack of systematic research procedures, such as

process measures, pre-post measures, direct observation measures, outcome measures, or tracking change across treatment. As such these studies do not meet basic requirements for empirically supported treatments (Chambless & Holmes, 1998) and would not stand up against existing CBT-based approaches. Because of this, in the UK and elsewhere, Cognitive-Behavior Therapy is the preferred treatment for clients with autistic process.

Even approaching autistic process from a PCE point of view, however, raises complicated and sometimes controversial issues. To start with, there is continued debate about terms used to describe autism and the need for person-first language. Kenny et al (2016) found that there is not one preferred term used, however 'autistic' was endorsed by a large percentage of autistic adults and family members, whilst professionals preferred 'person with autism'. For the purposes of this article we will use 'autistic person', 'autistic client' and 'person with autism' alternately, as well as 'autistic process'. There has also been reluctance in PCE therapies to engage with diagnosis (as this medicalizes and pathologizes the person), and a preference for a phenomenological approach to the person and their experience. We agree that a phenomenological approach helps therapists to get close to client experience. However, similarly to the arguments posed by van Blarikom (2006) we argue that autism as a noun describes an objective aspect of human functioning that presents a qualitatively different way of being. Further, in accordance with Blarikom we argue that it is only when one is willing to give the autistic spectrum its proper place that we become able to see the interrelatedness between the condition and person. This is echoed by calls from the autistic community, reflected in this statement by Sinclair (1993): "Autism isn't something a person has, or a 'shell' that a person is trapped inside. It is pervasive, it colours every experience, every sensation, perception, thought, emotion, and encounter, every aspect of existence. It is not possible to separate the autism from the person."

In nonautistic populations, experiential processing, the ability to access, tolerate and express a range of experiences including difficult or painful feelings, is seen to be a core universal human capacity that develops naturally within early-childhood relationships (Warner, 2005) and is grounded in the biological structure of the organism. Being able to experience one's own emotions and the emotions of others within a reciprocal exchange is seen as a core form of human connectedness. The importance of interpersonal engagement, regulation of affect and learning in early mother-infant communication is well documented (Stern, 1977; Trevarthen, 1979). One comes to know self only when one comes to know others (Baldwin, 1902). Emotional engagement between people is described as one of the most powerful influences on the development of self and other understanding (Hobson, 2002). Following from this premise, relationships that lack emotional connectedness can damage the child's psychological development. Further, Hobson emphasizes the importance of a sense of self that enables the child to see other people as being like itself.

The concept of autistic process includes the idea that the 'me', which most people experience at the center of their existence, operates differently in this population. When one refers to oneself as 'I' or 'me' this is an expression of a subjective sense of self at the heart of experience, at the heart of what one does and what one experiences. Bowler (2007) claims that this sense of 'me' is diminished in people with autism. We argue here that autistic process involves a form of innate psychological contact difficulty that is qualitatively different from more externally-derived, trauma-based forms of contact impairment, such as dissociative or psychotic

process. As such this social-emotional processing difference leads to a fragile sense of self and lack of self-agency within interpersonal engagement leading to trauma-related experiences (Robinson, 2014). Therefore, we argue that strengthening this fragile sense of self and one's self-agency within interpersonal relationships is central for therapeutic change for clients with autistic process.

It can be argued that CBT approaches do not address core processes such as social and emotional cognition and empathy (Target & Fonagy, 2006). An emerging alternative that does address these core processes is humanistic-experiential psychotherapy (HEP; Elliott et al., 2013), with a diverse evidence base. The most central characteristic of HEP is its focus on promoting experiencing and self-empathy within therapy. Thus, HEPs can address many core areas of difficulty for those with autistic process, but in particular difficulties in emotional processing, self-experiencing, empathy and interpersonal relating. Unfortunately, HEP psychotherapists historically have rejected diagnostic formulations and therefore have failed to adapt their approach to meet the impact of particular diagnostic groups, even when this is called for, as is the case with clients with autistic process. Nevertheless, there has been a recent development of interest in differential treatment within the HEP approaches (Elliott et al., 2013).

In this article an Emotion Focused Therapy (EFT) for clients with autistic process is described. We argue for a group treatment (which is in accordance with NICE guidance), with the aim of creating concrete interpersonal and intersubjective opportunities amongst clients who share a similar way of being. We differ from CBT in that emotional processing, self-experiencing, empathy and interpersonal relating are centrally placed within a HEP framework.

Adapting EFT for Clients with Autistic Process

EFT is a humanistic, marker driven, evidence-based approach that emphasizes moment to moment tracking of client emotional experiencing. Among other things, EFT therapists look for common markers, that is, client statements or behaviors that point to client immediate emotion processing difficulties that might need therapeutic attention. Typical client markers, tasks, and facilitating therapist responses have been articulated, for social anxiety (Elliott, 2013; Shahar, 2014), depression (Greenberg & Watson, 2006) and complex trauma (Paivio & Pascual-Leone, 2010).

EFT for Autism Spectrum (EFT-AS) is a small-group version of EFT, guided by humanistic principles that provide a client-led framework within a process-guiding, task-oriented structure. In EFT-AS the therapist is relatively active (but not necessarily directive) in identifying autistic process markers and collaborating with clients to set up therapeutic tasks. Initially, clients set the agenda, presenting particular tasks (that is, issues or pieces of work). In response to these, the therapist does two things: During the session, they reflect and facilitate the group in working on these client-presented tasks. Then in reviewing the session videorecording afterward they identify autistic process markers to play back and explore in the next IPR session. Robinson (2014) has developed a taxonomy of AS markers and therapist guiding principles and IPR selection and application principles. What is most distinctive about EFT-AS is that it adopts a phenomenological approach organized around these AS markers. Therefore, the client's experiences, how they share these with others, and how others respond, provide the therapist with examples of interaction with which to work therapeutically. This interpersonal work enables

clients to deepen their own experiences and empathic responses to others during sessions.

The first author developed the EFT-AS protocol based on both more than 20 years of experience as a Person-Centred-Experiential therapist with clients with autistic process and in particular through a task analytical research program (cf. Greenberg, 2007; Pascual-Leone, Greenberg & Pascual-Leone, 2009), under the supervision and mentorship of the second author. The therapeutic model incorporates video-assisted Interpersonal Process Recall (IPR) and falls into three successive, overlapping phases.

EFT-AS is a brief group treatment lasting a minimum of nine weeks, but can be extended. All sessions are video recorded. Figure 1 provides an overview of the structure of the EFT-AS protocol, which follows a 3-step model consisting of two kinds of alternating sessions: 60-min group therapy session and 90-min video-assisted IPR session.

INSERT FIGURE 1 ABOUT HERE

[Step A is structured as a typical group therapy session with clients sharing their experiences and responding to other group members. The initial session provides an observable (i.e. measurable) baseline of emotional processing for each client and the introduction of expectations and explanation of EFT-AS by the therapist.

Step B involves the therapist analyzing video of the group therapy session to identify 3 segments that contain AS Markers that are common reported experiences for clients with autistic process. These selected segments are used for the IPR session to set up self and interpersonal therapy tasks. The IPR Clip contains the Task Marker, which contains multiple markers for multiple group members.

The IPR clip is then offered in Step C, during the IPR session. The IPR session follows a set of IPR application principles where the therapist begins each session by clearing a space through the introduction of an unfinished business task between group members. The therapist then sets up the IPR task by guiding different modes of processing, moving from self-emotion, cognition then visual processing, to interpersonal emotion, cognition then visual processing. This is rotated to each group member. To support autistic process the IPR clips are replayed once and explored further, before moving onto the next IPR clip.

The length of the treatment can be extended through additional cycles of alternating regular therapy followed by recall sessions that can be grouped into the standard three partially overlapping phases: beginning, middle and ending. We summarize these phases in Figure 1 and in the next section, and will illustrate them here using two EFT-AS group case examples taken from a larger study carried out by the first author. The first group consisted of three adolescents with AS, two females (Natalie 15yrs and Jane 16yrs) and one male (James 14yrs) and the second group consisted of 3 adults, two males (Martin 38yrs and Matt 39yrs) and Carla (43yrs). Following this, an overview is given of the middle and ending phases with a general description of how EFT-AS supports clients with autistic process. Finally, a case example of a Misempathy Task is given to illustrate one client's movement through treatment.

BEGINNING PHASE: Bonding and Awareness (Sessions 1-3)

During the beginning phase the therapist facilitates group cohesion among therapist and the three to four client group members. This involves attending empathically to each client's experience, including their autistic process, using skillful

navigation of sometimes idiosyncratic or challenging interactions, with the added potential of interpersonal ruptures. Understanding autistic process is important in supporting therapeutic alliance as it can help hold fragile interpersonal relating and help clients feel supported by the therapist, who can respond to autistic process and provide secure boundaries. The specific tasks of this beginning phase include:

- Building therapeutic alliance and group cohesion among therapist and client group members
- Offering and exploring the rationale for focusing on emotion, internal experiencing and use of video interpersonal recall to evoke responses to self and other
- Beginning to explore group members' autistic process and sharing painful experiences
- Establishing therapeutic focus through identification of key AS task markers

Building therapeutic alliance/group cohesion. Clients with autistic process have typically encountered similar traumatic experiences; sharing these together can help identify a therapeutic focus. These shared traumatic events often originate from being socially isolated, being less accepted or liked by peers, and having common experiences of exclusion and ridicule (Carter, 2009). Feeling understood by a therapist knowledgeable and accepting of autistic process is important in helping to create a group environment where it is safe to explore traumatic experiences. Further, the autistic process, although it manifests differently for every client, provides potential for shared experiences and shared therapeutic goals. In the following example Carla is talking about her experience of feeling understood by the therapist and feeling safe within the group, taken from the end of the first session from the adult group:

> Carla: I'm confident in your company because you understand Aspergers and I don't feel any threats in here, I don't feel different and I don't feel pressured. There's no need for us to feel pressure in here, if we can't be safe in here or feel confident in here to say what we think; this is a safe zone. You don't get many chances of them, where there's full understanding.
> Therapist: Your sense is a feeling of safety here, Carla.
> Carla: I feel extremely safe; I don't feel threatened in any way.

Identifying emotional processing difficulties in the moment. Difficulty identifying and processing emotion remains a key diagnostic feature of AS, and impairments in emotion recognition for individuals with autism are well established, although not fully understood (Uljarevic & Hamilton, 2013). As a result, people with autistic process typically voice feelings of disconnection from the inner world of their emotions (Jones, Zahl & Huws, 2001), often reporting that throughout their life they have been unable to identify, understand or express their emotions, leaving them always feeling misunderstood and alienated from those around them (Lawson, 2005). Therapists should be continuously attuned to markers that point to underlying determinants of emotional difficulties that arise from autistic process and respond to these markers in two ways, both by offering an immediate in-session empathic response and by extracting them as IPR Clips for self and interpersonal therapy tasks in the following session. An example of an immediate therapist deepening response to

an emotional difficulty marker can be seen through this illustration taken from the adult group from the first session when the therapist responds to Carla's discourse of an experience of being stressed:

> Therapist: Carla, you just said there, 'stress'; can you just explain what that feels like, inside?
> Carla: [pause] No, because it hasn't happened for a few days. It's hard because I haven't been stressed for days. Because I've had my friend over for a few days, no I can't, it's hard.

Identifying AS process markers for therapeutic focus. The second therapist response to markers is more systematic, where the therapist, through video analysis, identifies markers that signal difficulties arising from autistic process. These markers are selected to set up self and interpersonal therapy work in the subsequent session. For example, when the therapist identifies a marker, such as difficulty in recalling emotions or misses reading someone else's emotion, this can act as a marker for further work on emotional processing. The therapist can use this marker to set up therapeutic work across treatment. Following the first session the therapist conducts a microanalysis of the full therapy session to identify markers that have the potential to be used as processing proposals (Sachse, 1992) during the next recall session. For example, the illustration below is an extract from a larger IPR Clip taken from the first session of the adolescent group. It contains multiple markers for multiple members. However, the main marker is an interpersonal rupture between two group members. An illustration of such a marker is shown below where Natalie has been speaking of her damaged self-conception when Jane tries to reassure her through a gentle challenge, which results in an interpersonal rupture:

> Natalie: The way I'm acting now is not how normal people act.
> Jane: But you are normal.
> Natalie: No, I'm not.
> Jane: You are.
> Natalie: Not.
> Jane: Just because you have problems doesn't mean that you're not normal.
> Natalie: I was born weird" [silence] yes, yes, no! [grunts].

This interpersonal rupture signaled a marker for both self and interpersonal therapy work and was edited for playback in the subsequent session. This task marker, when it was played back in session 2 using IPR, offered group members multiple opportunities to explore how they mentalized self and others. For example, in the next session the sharing client (Natalie) can explore or deepen their emotional experiencing to self, whilst giving observing clients an opportunity to experience the missed emotion of the other, sensing how they may have been experienced emotionally within the interpersonal exchange or how they themselves experienced a conflict reaction during the session (Natalie and Jane). Thus, within EFT-AS, IPR offers group members multiple mentalization (self-and-other) task potentials.

IPR as a process-guiding method: An adaptation to meet clients with autistic process in order to make psychotherapy accessible within EFT-AS is the use of Interpersonal Process Recall (IPR; Kagan, 1975). IPR is useful for helping researchers to elicit covert processes from therapist and client (Elliott, 1986). In EFT-AS, the first author adapted IPR as a clinical process-guiding method, where the therapist

conducts a microanalysis of the therapy session to identify significant moments in therapy that are connected to the autistic process in relation to self and other relating. The therapist analyses the therapy session to select AS task markers which are contained within IPR clips to offer as processing proposals to clients to deepen self- and interpersonal experiencing. In EFT-AS three key segments are selected and edited to play in the following IPR session, each setting up the potential for therapeutic work. This clinical application of IPR thus differs from its more generic uses such as those developed by Kagan (1975) or Elliott and Shapiro (1988); here IPR has been adapted specifically to respond to the autistic process.

In this beginning phase the therapist supports exploration of autistic process through group cohesion, safety and the identification of task markers that point to areas for potential therapeutic work. These markers can then be selected and played back to the group as processing proposals (Sachse, 1992). In EFT-AS the therapist identifies these autistic process marker video segments and offers them in the IPR recall session. This identification of AS marker segments provides a therapeutic focus for setting up therapeutic tasks across treatment.

Structuring the IPR task environment: Clients with autistic process can become highly anxious when there is little structure, if expectations are not clear, or if they are given through language alone. Therefore, visually adapted environments (e.g., TEACCH, Schopler & Mesibov, 1983) have been widely adopted within school and work settings. During the beginning phase of EFT-AS the therapist creates safety by structure through an initial cycle or two of therapy followed by IPR sessions. Robinson (2014) has developed a set of therapist principles for setting up the therapeutic environment for the use of IPR within group EFT-AS. These include how to introduce and structure the use of IPR in the recall session, but also how to use IPR to guide client emotion processing, including a range of therapeutic tasks. An example taken from the second session of the adult group illustrates how the therapist sets up the therapeutic task environment by creating an opportunity for group members to bring up any unresolved issues from the previous session (a form of interpersonal clearing a space) and introducing the first IPR clip:

The therapist begins by introducing the concept of setting up therapeutic task:

> Therapist: This is our second week together. I've taken a couple of clips from our last session that I'm going to play now and give you all an opportunity to comment and we'll see where that leads us to, alright! [pause]

This provides time for clients with autism to process the therapeutic task expectation.

Before introducing the therapeutic task the therapist provides an opportunity for clearing a space:

> Therapist: Before we see the clips, is anything left over from the last session? [pauses for feedback] Are there any issues left over from our last session? [repeat opportunity in clearing a space] Did anyone think of anything when they went away, anything that upset anybody, or annoyed anyone? [rephrasing with additional prompts for clearing a space]

This repeating and rephrasing provides an opportunity to process the verbal information and is intended to slow communication and therapeutic task demands

down making therapy more accessible. The therapist then returns to setting up the IPR task directly before playing the IPR clip:

> Therapist: […] So, I'll start with the first clip. […] I've got three clips. I'm going to play them twice [pause]. Once I've played it, I want you to look at it and try to be able to talk about how you feel [pause] Does that make sense? [pause then plays the first IPR clip]

Further, clear, simple and direct language is given to set up the expectations of the therapeutic task. This structuring is important in helping reduce anxiety and providing time to process verbal communication.

Similarly, near the end of each session the therapist introduces the concept of ending and then conducts an end of session state check with the group members, as with the example taken from the third session of the adult group shown below:

> Therapist: Ok, we're going to leave it there because we are running out of time.
> Martin: I'm sorry I got here late as I missed the train. […]
> Therapist: How does everybody feel after that? Is there anything that any of you want to talk about before we end?
> Carla: I think that we're getting more relaxed with each other aren't we? [Matt "yes"] [Carla looks at Martin] Do you not think so? [Martin nods] there's more smiles, there's not the tense, you don't sit like this all the time [demonstrates head down and shoulders down] do you know what I mean? Everybody's lightening. I feel as if I'm going down and you two are coming up.

For clients with autistic process this structure through repetition starts to build a level of trust by creating clear beginning and ending indicators that provide the sequential steps for the therapy sessions overall. The beginning phase of EFT-AS identifies task markers and builds trust and alliance through structure. The following middle and ending phases of therapy involves the use of IPR assisted therapy tasks to deepen self and interpersonal experiencing.

MIDDLE PHASE: Evocation and Exploration (Sessions 4 – 8)

The middle phase of treatment is aimed at helping clients deepen their experiencing. In both regular and IPR sessions, the therapist sets up therapeutic tasks that evocatively unfold and support client encoding and symbolizing of experience. The specific aims of this middle phase include:

- Establishing support for exploring shared painful experience
- Setting up therapeutic tasks using video IPR to support autistic process in working with:
  - Emotion regulation - (recognition) of own and others' emotion processing
  - Self-reflective responses – to self in the moment and to self-agency within interpersonal encounters
  - Both missed and accurate empathic relating – in the moment and through IPR
  - Mentalization of self (Theory of Own Mind; ToOM)
  - Accurate or inaccurate mental representations of others' minds (Theory of Mind; ToM)

— Evoking emotional responses to self
— Exploring self and interpersonal affective understandings

Process-Guiding Using IPR. After selecting and editing each marker segment, the therapist plays it in the following recall session. Each marker segment provides concrete, visual therapeutic potential for the group. Clients with autistic process can find social communicative exchanges particularly challenging, and thus have a preference for visual and single channel processing or what has been referred to as monotropism (Murray, Lesser & Lawson, 2005). In the recall session, before each clip is played the therapist guides clients to focus on how they feel, on how their body responds when viewing self and others in the clip. After viewing the IPR clip exploratory questions guide clients to access, symbolize and express their felt sense of what occurred during recall. If clients are able to access, symbolise and express their emotional response then emotional deepening will continue. However, this often presents a challenge to clients with autistic process. The therapist guides each client to reflect on their immediate emotional response when viewing self and to symbolise and verbally express their experience.

Self-insight into autistic process. Being drawn to reflect upon our experiences and attribute emotional meaning forms the basis of our engagement with the social world. Emotionally tinged experiences, when embedded into memory, form an emotional evaluation that shapes our view of self, other and our relationships with others (Harter, 1999). Being out of touch with inner experiencing and having limited capacity to register emotionally tinged experiences is a common occurrence for clients with autistic process. Specifically, alexithymia is commonly associated with autism (Hill & Berthoz, 2006) and is proposed as coexisting in up to 85% of people with autistic process. Therefore, in EFT-AS experiential deepening becomes a main focus across treatment and from session to session.

Metacognitive thinking about others' minds: EFT-AS provides opportunities to set up mentalization tasks, such as reflecting upon theory of own mind (ToOM; Williams, 2010) and theory of mind (ToM; Baron-Cohen, Leslie & Frith, 1985). Clients with autistic process have difficulty reading the minds of others (Baron-Cohen et al., 1985) and therefore relational attunement is often unsynchronised within sessions. Structuring mentalization opportunities for group members becomes a main therapeutic task to facilitate relational attunement.

ENDING PHASE: Transformation and ending (Sessions 6 – 9)

The emergence of emotion transformation and successful symbolizing of own and others' experiences marks the ending phase of treatment, in which the clients' emotional responses are encoded and cognitive formulations support the emerging sense of self. The therapist introduces the ending transition and end therapy tasks during the final session. Each client consolidates their own process across treatment, reflects upon the interpersonal process and both helpful and unhelpful aspects of therapy. An important end task is scaffolding interpersonal opportunities post treatment or through input with family, school or support services. These are the specific aims of the ending phase:

— Supporting clients to recognise and symbolize new emotional responses to self and new self-agency within relational experiences
— Encouraging accurate cognitive formulations to make sense of self- and interpersonal experiencing

— Validating new feelings and insights that support emerging sense of self
— Scaffolding new and potential interpersonal connections

In the ending phase of therapy the therapist acts like a conductor reinforcing meaning creation for each individual client, but also for the group process, so that both individual therapeutic goals and group goals are achieved through interpersonal processes during treatment. Greenberg (2002) states that the ending phase and termination in EFT is conducted as a phase of a human relationship that involves two people who have developed a bond and are saying goodbye and separating. For EFT-AS this separation and loss extends to each group member. Over the course of therapy, focusing on relational tasks has encompassed a journey from unsynchronized connections, to interpersonal ruptures, to relational repair work creating enhanced relationships. However, for clients with autistic process, ending therapy can present a major challenge if therapists fail to recognise the impact that both large and small transitions can have. It is well documented that autistic process often involves impairments in cognitive flexibility and the ability to shift attentional focus (Hill, 2008). Therefore, scaffolding the ending therapy as a process of change should be clear and reinforced to allow time to process the meaning of this. Reflecting on changes across therapy can support clients in symbolising experiences and relational encounters.

Interpersonal scaffolding to facilitate potential post group therapy opportunities is another important end phase task. EFT-AS provides the potential for an isolated population to form connections following treatment and this can be a task for the ending session. All adults in the pilot study formed post treatment connections through social media, whilst the following example shows how the adolescents worked in the final session to form possible post treatment contacts:

Therapist: So, is anyone wanting to keep in touch?
Natalie: Yes, but I'm just not good at having conversations with phone calls.
Therapist: Ok, so you don't like the phone, so maybe email.
Natalie: How can I contact people?
Jane: I like the phone.
Jack: I'm comfortable with both the phone and emails.

Case Example of the Resolution Process in IPR-Assisted Misempathy Work

The following case example shows the 6-stage resolution process for the Misempathy task, using IPR as a process guiding method. Misempathy is defined here as lack of synchronized empathic attunement to the other's felt sense or expressed feelings. The case illustration taken from the adult group (referred to previously) involves a 43-year-old female client whom we will refer to as "Carla". It shows how the therapist focused on the differentiation of core pain, how that pain was triggered and deepened and helped the client access an unmet need. The therapist also focused on facilitating adaptive emotions that would transform the core painful emotions.

Task Initiation: Identification Of An Autism Spectrum Task Marker

Identifying the Presenting Problem. The initial step in EFT case formulation is to identify the client's presenting problem through the client's narrative (Elliott et al., 2004; Goldman & Greenberg, 2015; Timulak & Pascual-Leone, 2014). Clients with autistic process often identify their presenting problem with a global AS focus as

opposed to a specific therapeutic aim, shown here by Carla: *"Relationships is a big thing, the right conversation skills is another, and emotions is another."*

AS Task Marker: Misempathy (Emotion Misunderstanding). A defining feature of the EFT approach is that therapeutic interventions are marker guided (Elliott et al, 2004; Goldman & Greenberg, 2015). As such, therapists should be attuned to key repeating markers of client problematic process that point to the underlying determinants of their difficulties. In reviewing the recording, the therapist identified the most common triggers that brought the client to therapy. These triggers were interpersonal conflicts focused around professional meetings and her role of parental advocate.

Emotion Marker: Emotional Misunderstanding is an emotion marker identified within EFT-AS. The therapist identifies emotion misunderstanding dialogue that indicates that a client believes their emotional intentions have been misunderstood by others:

> Carla: "I'm always trying to be assertive, which comes across as aggressive to a neurotypical. It's not because what I'm doing is wrong, because I'm not, it's their interpretation. It's not my fault, if you can't interpret me."

Task Deepening: Guiding Self-Other Awareness Through Cognitive Empathy

Using IPR to Guide the Self-phase of the Misempathy Task: To help clients work on difficult experiences of misempathy (feeling misunderstood by others) the therapist selects segments of discourse of clients sharing experiences of this. This is then played in the following IPR session. Clients with autistic process can gain insight into how others may misperceive them based on their own experience of self through the concrete video image of their in-session interactions, which helps them access their momentary concrete self-experiences. For example:

> Carla: … To me though [pause] it's very [laugh] enlightening. If I'm using the right word, [eyebrows go up] but I was quite domineering in that."
>
> Therapist: Enlightening, did you feel that?
>
> Carla: Mm, the two guys looked as if they wanted to push themselves into the chairs and pull back. [pause] I felt very dominant. I seem quite angry in there, but… [Carla draws her arms up around herself]

In EFT, the strategy for therapy is informed by case formulation, and different parts of this case conceptualization interact with each other. Therefore, for clients with autistic process, seeing how others misperceive them (Misempathy, Stage 1) is a useful entry point or initial marker, but understanding how they may misunderstand others is an important next step (Stage 2). In order to facilitate self-scheme shifts, the client needs to gain insight into both being misunderstood and misunderstanding others. For the second or "Other" phase of Misempathy work the therapist locates moments of misempathy or empathy breakdown that occur between clients in the therapy session. An example of how this misempathy can occur is shown through this extracted exchange in session one between Martin and Carla: Martin shares his painful experiences of isolation at university, but these are not met with attuned

empathic responses; instead, Carla responds with solution-focused or cognitive formulation responses. The therapist selects this to play in the following IPR session:

> Martin: I felt that there was something not right about me. Something wrong. I just didn't think there was anything to do and that there was no point in trying anymore, so I became more isolated and stuck in my flat on my own.
> Therapist: It sounds quite lonely being isolated and lonely.
> Carla: Do you tell people that you've got Asperger's?

These misempathy occurrences are selected by the therapist to set up a relational processing of the misempathy using IPR in the following session. The therapist plays the segment, which appears to facilitate awareness of and insight into self-agency of misempathy, as shown here:

> Carla: … When you were talking about University. You were relaxed, but sad about that, the day you were telling us that I didn't read the body language. But on watching that and having experienced it with you when you were talking about it and looking back I can actually [makes 'roar' sound and clenches her hands]. You know, what that is about? That's it dawning on me; I don't read body language.

Using IPR to Guide the Other phase of the Misempathy. The extract presented earlier indicated that the selection of such material for IPR acts initially to deepen the emotional experience of the sharing client (Martin), but also allows an observing client to identify incidents in which they missed the pain expressed by another. The first processing of such material helped Carla to literally see how she had missed the pain expressed by Martin, for example:

> Carla: Very much so, did you not notice the pause, when Martin said that it was not what he was feeling, I paused and went, "Hold on here, I'm going on the wrong track".

Clients are able to achieve partial resolution (Step 4) when they symbolize their insight and reorient their thinking to reflect understanding of the mental differentiation of their experiences from others.

Task Resolution: Emotion Transformation

Discovering the Core Pain. Varying degrees of resolution involve clients reaching their core pain and using it to better understand self and others. Carla did not talk about her core pain initially, but she discussed her anger around how she experienced professionals in meetings. As an autistic mother of both autistic and non-autistic children much of her time was spent advocating in meetings. In such meetings her uncertainty created her biggest frustration as she described it here:

> Carla: It's hard to understand the emotions of the situation being described or what people are talking about. It's very difficult, but if you dominate that conversation then they'll feed into you. It's easier to cope with.

Meaning Creation with Core Pain. Core emotional pain usually consists of a mixture of sadness-based and terror/fear-based emotions (Timulak & Pascual-Leone, 2014). Through IPR and the empathic exploration that came with it, the aim was to evoke emotional responses to self. In doing so, Carla seemed to reach her core primary feeling, which she expressed through poignant dialogue, for example:

Carla: [wiping her eyes] I think that's the strongest feeling for me, I feel desperately helpless and frustrated. Frustration and mostly helplessness.

She was able to express her underlying core painful feelings of complete helplessness and her deepest core pain, which was centred on a profound sense of failure as a mother:

Carla: As a mum, if your kids want something, maternally you want to give them that something. [pause] I'll never be able to give Donald his wish. I'll never be able to give Donald the insight into normality. I'll never be able to tell my neurotypical daughter what it was to be like to be a normal mum, so when she falls pregnant with her first child, I can't even tell her what it's like to be normal.

Meeting the Unmet Need – Interpersonal Work. In EFT, once the core pain is reached clients have the potential to move on from this pain by identifying primary adaptive emotions associated with the unmet need (Timulak, 2015). EFT-AS provides the potential to meet an unmet need by offering Empathy work. IPR provides an opportunity for the client to engage in a process of emotion activation of self or other. It is claimed that autistic people learn through the concrete experience whether physical or visual (Schopler & Mesibov, 1983). This next step in the resolution stage (Stage 5) of the Resolving Misempathy task stemmed from activating Carla's emotional response to the second IPR clip, which demonstrated a moment of psychological connection between her and Martin. This evoked emotional resonance response offered more opportunities for exploration:

Therapist: Where were the tears coming from Carla?

Carla: His smile. That's the first time you've smiled. [points to the screen]

Carla was able to recognise her own self-agency:

Therapist: What about you Carla? You seemed really touched there

Carla: I am chuffed when I see someone is happy, overcomes "a tightness" [gesture], overcomes a lack of confidence.

Therapist: What about yourself?

Carla: That's what I felt. My feeling would have been a bit of achievement I suppose.

Carla was able to emotionally respond to herself responding to Martin. This evoking of an immediate emotional resonance to shared affect acts as a scaffold for the next part of the Misempathy task.

Empathically Responding to Other's Pain: Following on from this the final part of the Misempathy task involved Carla's empathic response to viewing the next IPR clip involving discourse about shared painful/trauma experiences: Thus, when Martin shares his painful experiences of being bullied at work, Carla demonstrates an affective response to Martin's pain, which she has a desire to alleviate.

Carla: But at the same time I feel as if I want to give Martin a hug.

Therapist: It's triggered from Martin?

Carla: I think so, yeah. Because at the moment I'm toying with my own feelings, my own past, but my maternal instincts kick in, I feel it maternally.

Self-Agency within Compassionate Responding. The final part of the Misempathy task (Stage 6) is the symbolization of the client's own self-agency within the compassionate response. The core pain, fear of being a failure as a mum, has been brought into awareness, processed and symbolized. The unmet need or assertive compassionate action tendency has been evoked:

Therapist: So you're not sure where that feeling has been triggered from, so it could be a range of different things. It's just a feeling that's come up.

Carla: It's a protective feeling, it's a protective feeling that I've got [pause] I want to protect [looks towards Martin]

She is able to symbolize and experience her compassionate maternal response to Martin. The client can then recognise this maternal action tendency and experience this within the interpersonal exchange. Carla's discourse indicated her action tendency in response to Martin describing his hurt and trauma through a need to respond, soothe and comfort Martin. Carla's action response was a need to alleviate the pain described by Martin, with a need to protect. Through treatment Carla moved from projecting her own solution-focused thoughts onto Martin to being empathically in tune with his pain. McNally, Timulak, and Greenberg (2014) have observed that once self-compassion and assertive anger are generated and expressed without reservation, a grieving process begins. Additionally to this, for the autistic client an experiential affirmation of her protective instincts were required. Through this process, she was able to move from a reactive anger based on fear to loving soothing strength.

Conclusion

To the best of our knowledge this is the first report of the application of Emotion Focused Therapy for people on the Autism Spectrum. In this paper we have focused on the main arguments for an adapted EFT, the main relational and task-oriented work across the phases of therapy. The authors acknowledge that for classic PC therapists the process of selecting relational moments to deepen self and other relational experience may feel too directional. However, we maintain that visually concretizing conversational and relational exchanges can scaffold psychotherapy, making it more accessible to many clients with an autistic process.

Finally, in connection to both relational and task-oriented treatment principles, it is emphasized that the therapist wishing to offer EFT-AS should have solid training in both person-centered empathic work and also EFT process guiding generally, as well as specialist training and ongoing supervised practice in working with individuals on the autistic spectrum and in the IPR-assisted group therapy approach described here. To this end, further research on training with supervised practice in EFT-AS is currently in process to replicate our promising initial results.

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